

North Lanarkshire Council Report

Adult Health and Social Care Committee

approval noting

Ref MD

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Update on Covid-19 Activity

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Executive Summary

The purpose of this report is to advise Committee of the work currently being supported via the Health and Social Care Partnership in response to the Covid-19 pandemic.

Recommendations

It is recommended that the Committee:

- a) Notes the progress made by the partnership around the pandemic
- b) Notes that further update reports will be received

The Plan for North Lanarkshire

Priority Improve the health and wellbeing of our communities

Ambition statement (15) Encourage the health and wellbeing of people through a range of social, cultural, and leisure activities

1. Background

- 1.1 COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020. There is now a spread of COVID-19 within all communities in the UK.
- 1.2 Command structures are in place in both North Lanarkshire Council and NHS Lanarkshire, with the Health and Social Care Partnership fully participating in both. In addition, the pan Lanarkshire Resilience Partnership has support cross-agency developments.

2. Report

2.1 An overview of the current developments around Covid-19 is included below:

Command Structure

2.2 North Lanarkshire Council and NHS Lanarkshire have both implemented full command structures, with Gold Command groups led by Directors and Silver and Bronze subgroups to drive developments and implementation.

2.3 The Health and Social Care Partnership is a full participant in both Gold Command structures and at all levels below, supporting a coordinated approach across the whole system.

2.4 The Health and Social Care Partnership has held daily calls for key operational and professional leads to coordinate activity and log all decisions taken.

Update on Numbers

2.5 As at 29th April 2020, there have been 1308 positive cases in Lanarkshire, 253 inpatients either confirmed with Covid-19 or suspected, 22 in ICU and in total 154 hospital deaths. In addition, there have been 35 confirmed Covid-19 Care Home deaths, with a further 54 probable.

Staffing Issues

2.6 While staffing pressures have been an ongoing challenge due to staff isolating due to symptoms or shielding due to underlying health conditions, the picture has been gradually improving with an overall impact of roughly a 15% absence rate across the service.

2.7 To offset this, the service has made use of the Business Continuity Plan (BCP) so that areas of non-urgent work have been postponed to ensure the workforce capacity is focused on the areas of highest need. In addition, staff have been redeployed from other areas of service.

2.8 Training programmes have been developed in conjunction with organisational development colleagues in both the Council and NHS Lanarkshire to support the use of sessional workers within the service.

2.9 Within Home Support, there has been a marked increase in the number of families wishing to provide greater support for service users, often due to being able to work from home or due to wishes to reduce traffic through the house.

Care Homes

2.10 Care Homes are a current pressure point within the system, with around 40% of Homes supporting Covid-positive residents. There has been a vast amount of work undertaken in partnership with the sector, with many positive learning points that we will wish to continue beyond the Covid-19 pandemic. This has included:

- Review and update of all Care Home Business Continuity Plans
- Weekly teleconferences with all providers to provide advice and support, share learning and encourage buddy arrangements
- Daily contact to gain updates on outbreaks and support management of any issues such as PPE availability
- Increased staff and 7 day working of the Care Home Liaison Team (CHL) to support and provide strong professional input to all care homes

- Staff health and wellbeing supports including “wobble rooms” and psychological supports
- Clinical / medical inputs
- Health Protection input for outbreak management. This is a long-standing arrangement used for any outbreaks in Care Homes including things like norovirus and winter flu.
- Care Home Testing – new guidance now means anyone in a care home having Covid symptoms will be tested (for normal outbreaks, testing is only done on a sample of potentially positive cases)
- Communication Plans including updates and contact with families (mobile phones, iPad’s, staff available to support this)
- Access of Care Home providers to NHSL Staff bank who have also completed a Health care Support worker recruitment drive
- Enhanced role through Public Health in NHS Lanarkshire to provide assurance around outbreak management etc

Assessment Centres

- 2.11 A Hub and two new Community Assessment Centres for COVID-19 cases have been established at Airdrie Health Centre and Douglas Street Health Facility in Hamilton.
- 2.12 Patients suffering symptoms at home initially make contact through NHS24 and through the initial triage are then signposted to the NHS Lanarkshire Covid Hub. Patients are clinically triaged via the Hub and if required are then asked to attend the local Assessment Centre.
- 2.13 The model re-directs patients away from the routine GP pathway and diverts a flow of patients from the front door of the hospital. The centres have been staffed by volunteer GPs, Nurses and Allied Health Professionals and have been one of the success stories of the current arrangements. Strict infection control procedures are in place at the sites, including segregation arrangements for the assessment centres.
- 2.14 As at 29th April, the centres have seen:
- 5851 patients triaged by NHS24 to the Hub
 - 1644 patients triaged by the Hub to attend at the Assessment Centre
 - 470 patients hospitalised
- 2.15 In addition, Mental Health Assessment Centres have also been established on the three acute sites to try to ease the demand on the three Emergency Departments and provide a more positive pathway for patients presenting.
- 2.16 As at 27th April, the centres have seen:
- University Hospital Monklands – 65 patients
 - University Hospital Hairmyres – 38 patients
 - University Hospital Wishaw – 79 patients
 - Total – 182 patients

Personal Protective Equipment (PPE)

- 2.17 One of the biggest challenges during the pandemic has been the supply of PPE to frontline staff. The national PPE guidance has evolved over time, but overall the service has been able to maintain supplies to frontline staff in line with guidance.
- 2.18 On 10th April, a national joint statement on PPE was released in conjunction with Trade Unions, which we mirrored locally with great support from our local colleagues.

- 2.19 Changes are currently being made to the distribution routes for social care providers. Up until now, National Services Scotland has provided stock through two flows:
- Proactive 'push flow' to local hubs for use by internal staff
 - 'Triage flow' coordinated via a national helpline to get PPE to independent providers of social care, Personal Assistants and unpaid carers.
- 2.20 The new model being introduced will move all stock to the local delivery hubs, removing the separate flows, with the Health and Social Care Partnership coordinating delivery to all social care providers, both in-house and independent.
- 2.21 The local hub for North Lanarkshire is the Integrated Equipment and Adaptation Service, which will receive weekly deliveries from National Services Scotland to distribute.
- 2.22 It is important to note the Health and Social Care Partnership's position on PPE, which is that the safety of all frontline staff is paramount and in line with the national guidelines, there will be no hierarchy in PPE provision. All staff working on the frontline including Home Support workers, GPs, Nurses and AHPs should have the same access and follow the same guidance to ensure their safety.

Delayed Discharge

- 2.23 In March the demand on delayed discharge activity was up by 30% with 125 delays recorded. The current position at 29th April is 36, the majority of which are complex cases. This has been a huge effort from staff to get the partnership to this position, making a significant impact on the acute system throughout this time.
- 2.24 The C19 Act includes the potential for some 'easement' on the 13ZA legislation, which would enable partnerships to discharge individuals going through the guardianship process to a Care Home. The Cabinet Secretary has been clear that this would not be a blanket approach and there would have to be strong justification on an individual basis before this would be considered.

Testing

- 2.25 Staff testing has continually evolved through national guidance over the period, with strong collaboration with NHS Lanarkshire enabling us to meet local demand. All Health and Social Care staff have been able to be tested through the same process, which has also been widened to include independent providers. Other key workers including wider Council staff can also now be tested at the national centres.
- 2.26 Care Homes have been an important element, with Lanarkshire averaging around 80 tests per week for this staff group.
- 2.27 One issue raised has been the difficulty for some groups of staff to travel to the Glasgow Airport national testing facility. To rectify this, a Lanarkshire military-led facility at Ravenscraig will open on 30th April and some limited home testing commencing on 1st May.

Recovery/Business Continuity

- 2.28 The partnership has commenced a review of its Business Continuity Plan to build on the learning from the pandemic and to also prepare for any future waves.
- 2.29 In addition, a process has commenced around recovery. It is important to recognise that we will not be able to return to the normal status quo at the end of the first wave. It is clear that we will be living with Covid-19 in the community for some considerable time until either treatments and/or vaccinations are developed and widely available.

This means that all services require to react to the 'new norm' and develop alternative models and arrangement for the months ahead.

3. Equality and Diversity

3.1.1 The intention underpinning The Fairer Scotland Duty is to reduce the inequalities of outcome caused by socio-economic disadvantage. Socioeconomic disadvantage is defined as *“living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services”*.

3.1.2 The guidance also asserts that socio-economic disadvantage can be experienced by (a) communities of place - people who are bound together because of where they reside, work or visit, and (b) communities of interest - groups of people who share an identity, experience, or one or more of the protected characteristics listed in the Equality Act 2010.

3.1.3 The Fairer Scotland Duty is intended to reduce the inequalities of outcomes caused by socio-economic disadvantage. Inequalities of outcome mean any measurable differences between those who have experienced social-economic disadvantage and the rest of the population.

3.1.4 The statutory focus of The Fairer Scotland Duty is on strategic decision making and, as such, the future recommendations of the review will require to be considered under the Duty.

3.2 Equality Impact Assessment

3.2.1 Equality Impact Assessments form part of the individual programmes of work described above.

4. Implications

4.1 Financial Impact

The impact of COVID-19 on the progress of implementing service change has been included in the Mobilisation Plan submitted to the Scottish Government reflecting the challenges for the Health and Social Care Partnership.

4.2 HR/Policy/Legislative Impact

There is no HR/Legislative impact to note at this time.

4.3 Environmental Impact

There are no environmental impacts to note at this time.

4.4 Risk Impact

The risk presented by the impact of COVID-19 on the developments described is being reviewed and updated as the circumstances change, via the corporate risk register.

5. Measures of success

- 5.1 The Gold Command groups in NLC and NHSL have developed performance metrics to track developments during the pandemic.

6. Supporting documents

- 6.1 N/A



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